

QUARTERLY FEDERAL FINANCIAL MANAGEMENT REPORT (QFFMR)

COUNTY NAME:
REPORT DATE:

Quarterly Report Period for FY 2005-06			
_____ Oct - Dec	_____ Jan - Mar	_____ Apr - June	_____ Jul - Sep

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Funding Categories	Funding Line	Remittance Advice	Expenditures at End of Report Period (Cumulative)	Funding Line	Remittance Advice	Expenditures at End of Report Period (Cumulative)
Federal Fiscal Year 2005 Award			Federal Fiscal Year 2006 Award			
SAPT - Female Offender Treatment Services	45-05	MO/YRSAPT05FOT		45-06	MO/YRSAPT06FOT	
SAPT Discretionary	50-05	MO/YRSAPT05DIS		50-06	MO/YRSAPT06DIS	
SAPT - Adolescent/Youth Treatment Program	50a-05	MO/YRSAPT05ATS		50a-06	MO/YRSAPT06ATS	
SAPT - Friday Night Live	50b-05	MO/YRSAPT05FNL		50b-06	MO/YRSAPT06FNL	
SAPT - Club Live	50c-05	MO/YRSAPT05CL		50c-06	MO/YRSAPT06CL	
SAPT - Primary Prevention Set-Aside	50d-05	MO/YRSAPT05PRE		50d-06	MO/YRSAPT06PRE	
SAPT - HIV Set-Aside	51-05	MO/YRSAPT05HIV		51-06	MO/YRSAPT06HIV	
SAPT - Perinatal Set-Aside	52-05	MO/YRSAPT05PER		52-06	MO/YRSAPT06PER	
SAPT - Special Projects	56-05	MO/YRSAPT05SP		56-06	MO/YRSAPT06SP	
SAPT - Substance Abuse Treatment and Testing Accountability (SATTA)- Substance Abuse-Testing	59a-05	MO/YRSAPT05SB223		59a-06	MO/YRSAPT06SB223	
SAPT - SATTA Additional Discretionary	59b-05	MO/YRSAPT05SB223		59b-06	MO/YRSAPT06SB223	

REMARKS:		
<p>CERTIFYING OFFICIAL: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS REPORT IS TRUE AND IN ALL RESPECTS AND THAT ALL DISBURSEMENTS HAVE BEEN MADE FOR THE PURPOSE AND CONDITION OF THE GRANT OR CONTRACT.</p>		
SIGNATURE:	DATE:	PHONE NUMBER:
NAME (Typed or Printed):	TITLE (Typed or Printed):	